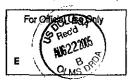
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-1606		2. Fiscal Year Covered From:
		7 / 1 / 2004 Through: 6 / 30 / 2005
3. Name and address of person filing.		4. Name, file number, and address of labor organization.
Name Garland	R Jordan	Name Carpenters Local Union # 1159
		Labor Organization File Number 036308
P.O. Box, Bidg., Room No., if ar	y	P.O. Box, Building and Room Number, if any
Street Rt. 2 Box 745		Street 2709 Jackson Avenue
City Point Pleasant		City Point Pleasant
State West Virginia	ZIP Code + 4 25550-9606	State West Virginia ZIP Code + 4 25550
5. Position in labor organization.	Warden	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer		7.a. Nature of Interest, Transaction, or Income.
Name	·	
Trade Name, if any:	7 1	
P.O. Box, Bldg., Room No., if ar	w	
Street		7.b. Amount.
City		\$0
State	ZIP Code + 4	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Signed	4 Lygar	On 8/11/2005 304-675-4260
Form LM-30 (2003)		Date Telephone Number

Name of Person Filing Garland Jordan	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valuable substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name 2	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any	r i
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
Street	
City	Approximate dollar value of such dealing. So Approximate dollar value of such dealing. So
State ZIP Code + 4	
	12.b. Amount. \$0
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Reom No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.